

THEATRICAL BOOKING AGENTS, PERSONAL AGENTS AND MANAGERS LICENSE

Description

The Theatrical Booking Agency license is a requirement in the Commonwealth under Ch.140 of the general code. This license entitles the applicant to conduct business as a theatrical booking agent, personal manager as set-forth in chapter 140 of the state general code. This license is valid for two consecutive years, renewable two years from the date of issuance.

Applicant must submit the following:

- 1: a completed Theatrical Booking Agents application.
- 2: a surety bond in the amount of \$1000.00, payable to the Treasurer of the Commonwealth of Massachusetts.
- 3: a “signed” Cori request form.
- 4: a letter of zoning from the local building department.
- 5: a “Business Certificate” and Articles of Corporation.
- 6: must provide two (2) affidavits or recommendation from two (2) reputable Massachusetts citizens verifying the reputation of the applicant.
- 7: must provide one (1) original newspaper publication (in the “Legal” section), in a newspaper serving the community where the business is located.

(The information included in the add, will include the owners name, business name, address, city, town or county)

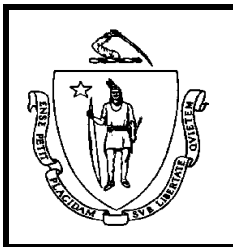
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| 8: Registration of True Name and Assumed Name of Public Entertainer or Performer. (If applicable under MGL, Chapter 140, §181A) |
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Fees: All Fees Are Nonrefundable

License	\$375.00 (Bi- Annually)
Surety Bond	\$1000.00

Agency

Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
(617) 727-3200 ext. 25262



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:
ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108

Theatrical Booking Agent, Personal Agent and Manager fee \$375.00

All Fees Are Nonrefundable

Please provide a legible copy of a government issued identification (ex; drivers license) bearing your photograph.

Applicant Information: Date: _____

Name _____

Residence _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name _____ E-Mail Add. _____

Business Address _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Date of Birth _____ Social Security Number _____

Mother's Full Maiden Name _____

Father's Full True Name _____

Please Complete the Following:

Have you registered your business name in accordance with C 110, S.5, Mass General Laws? _____

Are you engaged in representing an agency outside the Commonwealth _____ If so, give name and address of any such individual or outside agency.

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

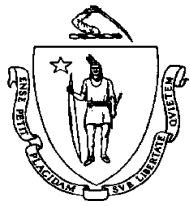
By: _____
Signature of Individual or Corporate Name Corporate Officer (if applicable)

Social Security Number of Individual Federal Identification Number

[] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	



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CORI REQUEST FORM

Massachusetts Department of Public Safety-Division of Regulated Activities has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

BOND FOR LICENSE AS THEATRICAL BOOKING AGENT PERSONAL AGENT AND MANAGER

KNOW ALL MEN BY THESE PRESENTS, that _____ of _____ in the County of _____ and Commonwealth of Massachusetts, as principal, and the _____ Company, a corporation duly organized and existing under the laws of the State of _____ and being duly authorized to transact the business of a Surety Company in the Commonwealth of Massachusetts, as surety, are holden and stand firm bound and obligated unto the Commonwealth of Massachusetts in the sum of One Thousand (1,000) Dollars to the payment of which we jointly and severally bind ourselves, our heirs, executors and administrators, successors and assigns, by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the said _____ has been duly licensed by the Department of Public Safety of the Commonwealth of Massachusetts to engage in the Commonwealth in the business of booking actors, actresses, chorus girls or chorus boys, musicians, entertainers of all descriptions, or any of them, for vaudeville, banquets and other stage performances, stage productions in theatres, including floor shows, so called, in restaurants, clubs, beer gardens, tents, arenas, halls and similar place of amusement, in accordance with the provisions of Sections 180A, 180B, and 180C of chapter 140 of the General Laws, as amended.

NOW THEREFORE, if the said _____ his or its agents, assistants and employees shall faithfully comply with the provisions of Sections 180A to 180G, inclusive, of the said Chapter 140 of the General Laws, as amended, and with such other laws of the Commonwealth as may be applicable to anything done by the licensee in pursuance of the said license: then this obligation shall be null and void, otherwise it shall remain in full force and effect. Provided, moreover, that any person from whom any licensee under Section One Hundred and Eighty B has withheld any sum in excess of the amount permitted under any agreement between the licensee and such person may, without expense to the Commonwealth, bring an action in the name of the State Treasurer and may recover for his own benefit, up to the sum of one thousand dollars, the amount improperly withheld from him by such licensee.

IN WITNESS WHEREOF we hereto set our hands and seals this _____ day of _____, A.D. _____

NOTICE IS HEREBY GIVEN ON THE APPLICATION OF

_____ OF _____
(Name) (Address)

TO BE A THEATRICAL BOOKING AGENT WITHIN AND FOR THE

_____ OF _____
(County) (City/town)

**FOR THE PURPOSE OF CONDUCTING A
THEATRICAL BOOKING AGENCY BUSINESS AS
PROVIDED IN CHAPTER 140 OF THE
MASSACHUSETTS GENERAL LAWS**

**PLEASE RETURN PROOF OF PUBLICATION TO
THE MASSACHUSETTS DEPARTMENT OF PUBLIC SAFETY
ONE ASHBURTON PLACE, ROOM 1301
BOSTON, MA 02108
ATTN: SPECIAL LICENSING**

**REGISTRATION OF TRUE NAME AND ASSUMED NAME
OF PUBLIC ENTERTAINER OR PERFORMER**

Description

Whoever, for compensation, appears in a public exhibition, public show, public amusement or other public performance under an assumed name shall file with the Commissioner of Public Safety as set forth in Chapter 140, §181A of the Massachusetts General Laws. This license is valid for one year from the date of your birth.

Applicant Must Submit the Following:

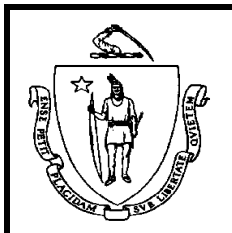
1. A completed application.
2. A color copy of government issued photo ID.
3. A check for \$2.00 made out to, “The Commonwealth of Massachusetts.”

Fees

License \$2.00 (Yearly)

Agency

Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
(617) 727-3200 ext. 25265



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DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:
ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108

REGISTRATION OF TRUE NAME AND ASSUMED NAME OF PUBLIC ENTERTAINER OR PERFORMER No.

Chapter 140, Section 181A, G.L. (Ter. Ed.), As Amended

**A \$2.00 NON-REFUNDABLE FEE & A COLOR COPY OF A GOVERNMENT ISSUED ID
MUST ACCOMPANY THIS REGISTRATION**

True Name (PRINT) _____ Assumed Name (PRINT) _____

Legal Address _____
(Street) (City) (State) (Zip Code)

Business Address _____ Occupation _____

Telephone Number _____ E-mail Address _____

Date of Birth _____ Place of Birth _____

If not born in United States give date and place of naturalizations

Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Social Security # _____

Father's Legal Name _____ Mother's Maiden Name _____

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY:

Legal Signature _____

Sign Assumed Name _____

Date _____

AUTHORIZATION FOR RELEASE OF RMV INFORMATION:

My signature below authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature _____

☐ (OPTIONAL)

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